

## STUDENT RESEARCH REQUEST FORM For Academy Registry List Use

120 South Riverside Plaza, Suite 2190 Chicago, Illinois 60606-6995 www.eatright.org

Submission schedule: February 1, May 1, September 1, November 1

Submit to <a href="mailto:surveys@eatright.org">surveys@eatright.org</a>

Requests will be considered four times per year and may take up to 60 days from the submission deadline for review and feedback.

Student Applicant (must be for student research)			
Name			
(Last)	(First)	(MI)	
Student Member ID			
Mailing Address			
Phone		 Email	
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		nail	_
<ul> <li>Dietetics Council on Research</li> <li>Letter of support signed b</li> <li>Draft survey(s) (Word does</li> <li>Please indicate the</li> <li>Please refer to the</li> <li>Description of your proport</li> <li>Recruitment text (e.g., contraction)</li> </ul>	h's Survey Review Subcory your research advisor/facument) e source of any validated of Academy's Survey Designsed research study method wer email or letter that will also Criteria (please submoport the Academy's missoport the Academy's strate	questionnaires used gn Student Guide for suggestions odology and/or survey protocol ill accompany your survey(s)) nit your responses on a separate sheet): sion and vision? tegic plan?	rition and
Database Selection: If the application is approved approved materials (i.e., an in		buted ONLY for the approved study wits a reminder email).	th
	o 5,000 RDNs/NDTRs® o 10,000 RDNs/NDTRs®		

## **Academy Registry List Use Agreement:**

Please note that the Academy reserves the right to request additional information upon review of documentation submitted.

I agree to the following terms and conditions:

- **1.** The Academy will manage survey distribution, and the cover email accompanying the survey will include a disclaimer that the research being conducted is student research and is not a study of the Academy.
- 2. I will disclose the anticipated time to complete the survey in the cover email or letter.
- 3. I agree to share the final research report with the Academy, by submitting to surveys@eatright.org. The anticipated completion date is\_\_\_\_\_\_\_.

  Student Applicant Name (printed) and Signature Date

Date

Academic Program Advisor/Faculty Name (printed) and Signature